	CIR/DIST/DIV. CODE GUX		EPRESENTED MOTO, GINGER PEREZ				VOUCHER NUMBER					
3. MAG. DKT/DEF, NUMBER 1:05-000046-003			4. DIST. DKT.	5. APF	PEALS	DKT/DEF.	NUMBER	6. OTHER DKT. NUMBER				
7. IN CASE/MATTER OF (Case Name) U.S. v. HAMAMOTO			8. PAYMENT Felony			SON REPRI	ESENTED	16. REPRESENTATION TYPE (See lastructions) Criminal Case				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of fease.  1) 21 846=CM.F CONSPIRACY TO MANUFACTURE CONTROLLED SUBSTANCE											LE	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Civille, G. Patrick CIVILLE AND TANG, PLLC 330 HERNAN CORTEZ AVENUE SUITE 200 HAGATNA GU 96910 Telephone Number: (671) 472-8868  14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					Prior A  Ap  A Beccotherwis  (2) does attorney or Oth  Let	13. COURT ORDER   C Co-Counsel   C						
					D Repayn	Date of Order  Repayment or partial repayment ordered from the person represented for this service at time of appointment.   YES   NO						
CATEGORIES (Attach itemization of services with dates)					HOURS CLAIMED	l A	TOTAL MOUNT LAIMED	MATH/TECH ADJUSTED HOURS	MATH/T ADJUST AMOU!	TED ^	ADDITIONAL REVIEW	
15.	a. Arraignment and	or Plea										
	b. Bail and Detention Hearings											
	c. Motion Hearings											
I b	d. Trial											
c	e. Sentencing Hearings											
0	f. Revocation Hearings											
r t	g. Appeals Court											
٠	h. Other (Specify on	additional she	ets)					-		·		
		-s 90.00)		TALS:						_		
14	<del></del>			•								
16. O	a. Interviews and Conferences				<u> </u>							
u t	b. Obtaining and reviewing records											
o f	c. Legal research and brief writing				<u>.</u>							
C	d. Travel time											
u r	e. Investigative and Other work (Specify on additional sheets)											
ŗ	(Rate per hour =	-s90.00 )	то	TALS:								
17.	Travel Expenses	(lodging, parking	, meals, mileage, e	etc.)					<del></del>			
18.	Other Expenses	other than exper	t, transcripts, etc.	.)								
									· · · · · · · · · · · · · · · · · · ·			
19.	CERTIFICATION OF AT		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION									
1	22. CLAIM STATUS   Final Payment   Interim Payment Number   Supplemental Payment   Have you previously applied to the court for compensation and/or remirabursement for this case?   YES   NO   If yes, were you paid?   YES   NO   Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation?   YES   NO   If yes, give details on additional sheets.   I swear or affirm the trath or correctness of the above statements.											
	Signature of Attorney:		Date:					İ				
23.	COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EX				EXPENSES	ENSES 26. OTHER EXPENSES			27. TOTAL AMT. APPR/CERT			
28.	SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE			28a. JUDGE / MAG. JUDGE CODE			
29.	N COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EX					8	32. OTHER EXPENSES			33. TOTAL AMT, APPROVED		
<ol> <li>SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Pays approved in excess of the statutory threshold amount.</li> </ol>					Payment		DATE 34a. JUDGE CODE				ODE	